



Public Health
Prevent. Promote. Protect.



LONG-TERM MEDICAL COUNTERMEASURES DISPENSING

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INSPIRATION FOR TABLE TOP EXERCISE (TTX)

- Local Concerns over resources and staffing
- Studies from 2001 Anthrax Attack of individuals treated
- CDC Focus
 - Version 11 Medical Countermeasures (MCM) Planning Guidance
 - Operational Readiness Review
- Philadelphia Exercise
 - Medical Effects of long-term antibiotic use.
 - Adverse events and side effects from Anthrax Vaccine
 - Drain on the medical community



EXERCISE STRUCTURE

- 3 modules; each group had 1 facilitator and 1 evaluator.
- Module 1(a): Participants grouped by like area of specialty.
 - PIO
 - Epidemiologists (x2)
 - Public Health Planners (x2)
 - Command and Control
 - Hospitals
- Module 1(b): Participants moved to interdisciplinary groups by jurisdiction)
- Module 2: Participants remained in interdisciplinary groups



TTX PURPOSE

Purpose

- Discuss the challenges regarding the implementation of Long Term MCM dispensing operations and begin development of an outline for a Long Term MCM dispensing Plan.
- Build from lessons learned during 2013 Full Scale Dispensing Exercise



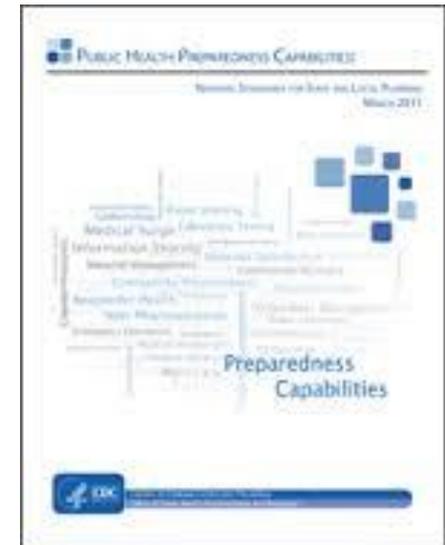
EXERCISE OBJECTIVES

Surv. Epi Investigation:

- Determine the necessity of developing an expanded screening protocol to ensure patient safety, compliance and adverse event tracking during a long term MCM dispensing operations activation.

Countermeasures:

- Discuss the decision making process for implementing the medical vs. non-medical model for the 50 day follow-up process.





EXERCISE SCENARIO

- The Kansas City MSA experienced an intentional release of aerosolized anthrax at Kaufmann Stadium and the Kansas City Marathon
- LPHAs initiated a rapid dispensing campaign through both Open and Closed PODs.
- 450,000 community members were provided an initial 10 day supply of antibiotics.





EXERCISE SCENARIO

- Individuals who may have sustained significant exposure will need immediate prophylaxis for a full 60 days
- CDC has determined that long term MCM dispensing operations for both oral antibiotics and Anthrax vaccinations must be initiated immediately.
- Epidemiologists are in intense discussions regarding refining the screening protocol



RECURRING THEMES

- Regional Point of Dispensing (POD)
- Coordinating Mutual Aid
- How to deliver the 50 day regimen
- Exposed individuals who live outside the region.
- Compliance with the antibiotic and vaccine regime
- Adverse event tracking
- Interfacing technologies



RECOMMENDATIONS

- ***Surveillance/Epidemiology Investigation***
 - Develop a Survey Tool
 - Design a new patient evaluation form
 - Identify sequelae/ adverse events.
 - Discuss Vaccine tracking system compatibility between states
 - Develop a local adverse event tracking system



RECOMMENDATIONS

■ ***Medical Countermeasures:***

- Review Public Readiness and Emergency Preparedness Act (PREP Act) and/or develop agreements for Reciprocity Waivers for sharing staffing resources across the state line.
- Discuss staffing Regional bi-modal PODs
 - deploying volunteers who may need to cross state/jurisdictional lines.
 - Training, liability, responsible jurisdiction/agency
- Develop a standardized method for private practitioners to track inventory and patients.



RECOMMENDATIONS

- ***Information Sharing:***
 - Determine the ability to expand the WebEOC system across state lines for a public health emergency.
 - Ensure private providers are registered with the Health Alert Network (HAN) and able to access important event information.



RECOMMENDATIONS

- ***Public Messaging***
 - Develop pre-event message campaigns to address adverse events.
 - Identify appropriate communication vehicles for message delivery
 - Explore the benefits of establishing an inter-jurisdictional Public Health Information Center.



REFERENCES

- Pharmacology Epidemiology and Drug Safety, Sharon B Meropol, MD, et al. Adverse events associated with prolonged antibiotic use.
- Shepard CW, Soriano-Gabarro M, Zeller, et al. Antimicrobial post-exposure prophylaxis for anthrax adverse events and adherence – Emerging Infectious Disease CDC Journal analysis
- Jeffers MD, Laserson K, Fry AM, et al. Adherence to Antimicrobial Inhalational Anthrax Prophylaxis Among Postal Workers, Emerging Infectious Disease Journal
- Philadelphia Exercise - The 49th Hour: Analysis of a Follow-up Medication and Vaccine Dispensing Field Test, Raymond Puerini, Jessica Caum, Natalie Francis and Steven Allen



GROUP DISCUSSION

- What role will the state and locals have in implementing long term MCM dispensing operations?
- Whose role/responsibility is it to determine the at-risk population?
- How will vaccine protocols be different from your jurisdiction's vaccination protocol for other incidents?



GROUP DISCUSSION

- How will transportation needs for the delivery of antibiotics change if vaccine is included?
- How will individuals seeking prophylaxis be screened to ensure they are indeed at-risk?
- Assuming that a short medical history was used for the first 10-day regimen, what additional screening questions will need to be asked about contraindications for the extended regimen and vaccine?



GROUP DISCUSSION

- What role(s) will hospitals play in long term MCM dispensing operations operations?
- How will antibiotics be dispensed? (e.g., in a single regimen?)
- Will vaccines and antibiotics be administered/dispensed at the same location?
- What will be the POD structure for the second and third vaccinations? Will your jurisdiction use the same location? Staff? Should this also be regional?



GROUP DISCUSSION

- Will organizations other than Public Health be administering vaccine and/or dispensing antibiotics
- What demand on healthcare providers can be anticipated as a result of an extended regimen of these antibiotics (e.g., side effects of medications)?
- What role will Public Health play in ensuring the provision of healthcare to its citizens?
- How will adverse events be reported for antibiotic use?
For vaccination?



GROUP DISCUSSION

- How will you communicate with healthcare providers about potential adverse events including: 1) potential for breakthrough cases of anthrax infection, and 2) potential for adverse events related to antibiotics or vaccine?
- What strategies will be used to encourage compliance with the recommended protocol for prophylaxis?
- What are some demobilization Unified Command concerns for planners, epidemiologists, and PIOs?